

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: KOUCHIRO INOUE ET AL.

SERIAL No.: 10/716,512

FILED: November 20, 2003

FOR: MICROALLOYED STEEL EASY TO SEPARATE  
BY FRACTURE SPLITTING AT LOW  
TEMPERATURE AND FITTING MEMBER  
PRODUCED THROUGH SEPARATION BY  
FRACTURE SPLITTING AT LOW TEMPERATURE

GROUP ART UNIT: 1742

EXAMINER: Deborah YEE

ATTY. REFERENCE: INOU3001/JEK/JJC



## PETITION FOR EXTENSION OF TIME

### COMMISSIONER OF PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Applicant requests that the time for taking action in this case be extended pursuant to 37 CFR 1.136 (a) for:

- One Month       Three Months  
 Two Months       Four Months  
 Five Months

The fee set in 37 CFR 1.17 for the extension of time is \$ 120.00.

- Fee enclosed. Please charge any additional fee required for this extension of time to Deposit Account Number 02-0200.
- Charge fee to Deposit Account Number 02-0200. A duplicate copy of this paper is enclosed.
- Applicant is a small entity entitled to pay reduced fees in this application.  
A verified small entity statement  has been filed.  is enclosed.

Also enclosed is a:

- Response

23364

Customer Number  
Phone: (703) 683-0500

DATE: April 10, 2006

Respectfully submitted,

JUSTIN J. CASSELL  
Attorney for Applicant  
Registration Number: 46,205

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MEMBER PRODUCED THROUGH  
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SPLITTING AT LOW TEMPERATURE



COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

*Sir:*

Transmitted herewith is a communication/amendment in the above-identified application.

- Small entity status under 37 CFR 1.9 and 1.27 is claimed.  
 No additional fee is required.

The fee, if any, has been calculated as shown below:

| Fee Basis  | Number of Claims After Amendment | Highest Number Previously Paid For | Extra Claims   | Small Entity | Full Fee   |
|--|----------------------------------|------------------------------------|----------------|--------------|------------|
| Total Claims   | 7                                | - 20 <sup>1</sup>                  | = <sup>3</sup> | × \$ 25 =    | × \$ 50 =  |
| Independent Claims   | 2                                | - 3 <sup>2</sup>                   | = <sup>3</sup> | × \$100 =    | × \$ 200 = |
| <input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim |                                  |                                    |                | + \$180 =    | + \$360 =  |
| <b>TOTAL</b>   |                                  |                                    |                |              |            |

<sup>1</sup> If less than 20 enter 20.

<sup>2</sup> If less than 3 enter 3.

<sup>3</sup> If less than 0 enter 0.

- Please charge my Deposit Account Number 02-0200 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is attached.  
 A check in the amount of \$ 120.00 is attached.  
 The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to Deposit Account Number 02-0200. A duplicate copy of this sheet is attached.  
 Also enclosed is/are:

Petition for Extension of Time

23364

Customer Number  
Phone: (703) 683-0500

DATE: April 10, 2006

Respectfully submitted,



JUSTIN J. CASSELL  
Attorney for Applicant  
Registration Number: 46,205